



HAWAII STATE ETHICS COMMISSION  
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P.O. BOX 616, HONOLULU, HAWAII 96809  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>				
NAME (Last)		(First)	(Middle)	TELEPHONE
Gold		Joy		526-3770
MAILING ADDRESS (Street)			FAX	
1136 Union Mall, Ste 403			540-0415	
(City)	(State)	(Zip Code)		
Honolulu	Hawaii	96813		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
N/A				
MAILING ADDRESS (Street)			FAX	
(City)	(State)	(Zip Code)		

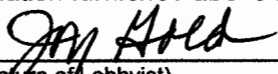
<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Pineapple Growers Association of Hawaii			621-1220
MAILING ADDRESS (Street)			FAX
c/o Del Monte Fresh Produce (Hawaii)			621-1213
(City)	(State)	(Zip Code)	
PO Box 200, Kunia, HI		96759	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Edward C. Littleton			621-1220
MAILING ADDRESS (Street)			FAX
P.O. Box 200, Kunia Hawaii 96759			621-1213
(City)	(State)	(Zip Code)	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input checked="" type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

  
(Signature of Lobbyist)

January 20, 2005  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME <u>Edward Littleton</u>		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED <u>President, PGAH</u>	
NAME OF ORGANIZATION (if applicable) <u>Pineapple growers Association of Hawaii</u>		TELEPHONE <u>621-1220</u>	
MAILING ADDRESS (Street) <u>P.O. Box 200, Kunia, Hawaii 96759</u>		FAX <u>621-1213</u>	
(City)	(State)	(Zip Code)	

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

  
(Signature of Authorizing Officer or Person Represented)

16 February 05  
(Date)